

Cayuga County Health Department  
8 Dill Street  
Auburn , New York 13021  
315-253-1405  
315-253-1478 FAX

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**CERTIFICATE OF CONSTRUCTION COMPLIANCE FOR SEPTIC OR HOLDING TANK**

I hereby certify that the installation of the \_\_\_\_\_ **GALLON SEPTIC or HOLDING**  
**TANK** to serve the \_\_\_\_\_ property at \_\_\_\_\_  
(Owner's Name) (911 Address)  
in the Town of \_\_\_\_\_ was completed on \_\_\_\_\_  
(Date)  
in accordance with the proposal accepted by the Cayuga County Health Department on \_\_\_\_\_.  
(Date)

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_  
(Owner, Agent, Installer)